

Inspection Report

Name of Service: Hollybank
Provider: Northern Health and Social Care Trust
Date of Inspection: 3 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust
Responsible Individual.	Ms Jennifer Welsh
Registered Manager:	Mrs Mairead Quinn
Service Profile – This home is a registered Residential Care Home which provides health and social care for up to 9 residents with a learning disability. The home provides care on a short term respite basis, and operates over two floors.	

2.0 Inspection summary

An announced estates inspection and unannounced primary inspection took place on 3 February 2025 by a care and estates inspector from 10.30 am to 2.00pm.

The inspection assessed progress with recent refurbishment to an existing corridor within the home, refurbishment of an existing bedroom and change of use of two bathrooms to storage areas.

The residents in the home were observed to be relaxed and enjoying interactions with staff.

Two areas for improvement in relation to lockable space and access to handwashing facilities was assessed as met during this inspection. One area for improvement in relation to the propping of doors was stated for a second time. Four areas were carried forward for review at the next inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents appeared relaxed in their interactions with staff; one resident was observed enjoying arts and crafts and told us how they had enjoying playing a game of bingo. Another resident told us how they had enjoyed their stay in the home.

Residents unable to clearly verbally express their thoughts, indicated positively through body language or non-verbal communication, such as smiling.

3.3 Inspection findings

3.3.1 Management of building services & environment

Four applications to vary the registration of the home was submitted to RQIA. The focus of the inspection was to review alterations completed in accordance with the applications submitted. Two variations for the change of use of bathrooms to storage areas were approved following the inspection.

Building services reports, risk assessments, maintenance certificates and building user control monitoring records were reviewed. The documents reviewed evidenced that some of the certification required such as fire risk assessment, electrical certification, fire alarm and detection system are required to be updated this was discussed with the manager who agreed to address these matters.

The final evaluation of these variations to registration application was not approved as some pre-registration requirements had not been completed, this will be reviewed when all necessary remedial works have been completed and certification supplied as requested.

During the inspection the allocation of a room to be used for on call staff was discussed. This is currently being reviewed by the manager.
There were no new areas for improvement identified as a result of this inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mairead Quinn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 11 May 2024</p>	<p>The registered person shall ensure person centred detailed care plans are in place for those residents who require bespoke one to one care provision.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (3) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure the practice of propping open of fire doors ceases with immediate effect.</p>
	<p>Response by registered person detailing the actions taken: Staff have been reminded that doors may not be propped open in the building. This has been communicated to all staff and reinforced in team meetings and supervisions.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: Third time</p> <p>To be completed by: 11 September 2024</p>	<p>The registered person shall put in place a checklist to be received from the human resource department confirming that the applicant has been recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that a suitable call bell system is installed throughout the home, in order that staff and residents, can appropriately summon assistance if and when required.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.10.</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure any audit undertaken on behalf of the manager is signed by the person completing it and there is clear evidence of the manager's oversight of the audits.</p> <p>Ref:2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
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